

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000028528**

1. Corporation Name

HOMEFINDERS SUNSHINE REALTY, INC.

Principal Place of Business

Mailing Address

**1100 LEE WAGENER BLVD STE 306
FT LAUDERDALE FL 33315**

**1100 LEE WAGENER BLVD STE 306
FT LAUDERDALE FL 33315**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1100 LEE WAGENER BLVD

1100 LEE WAGENER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 352

SUITE 352

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Zip

33315

33315

Country

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2001

5. FEI Number

65-1089171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTSD	STARRETT, CYNTHIA J	1100 LEE WAGENER BLVD STE 306	FT LAUDERDALE FL 33315
VO	HARPLE, ROBERT S	1100 LEE WAGENER BLVD STE 306	FT LAUDERDALE FL 33315
PTSD	KAI A KUMMER	1100 LEE WAGENER BLVD SUITE 352	FORT LAUDERDALE, FL 33315

7000009464607

12/11/02--01027--010 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STARRETT, CYNTHIA J

**1100 LEE WAGENER BLVD STE 306 352
FT LAUDERDALE FL 33315**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

SUITE 352

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-5-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-02

Daytime Phone #

CR2E040 (8/02)